

<i>SERFF Tracking Number:</i>	<i>LBRM-126650889</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Safeco Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>2010-AR-CDF-R-37-ABC</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Dwelling Fire</i>		
<i>Project Name/Number:</i>	<i>Dwelling Fire/2010-AR-CDF-R-37-ABC</i>		

Filing at a Glance

Company: Safeco Insurance Company of America

Product Name: Dwelling Fire	SERFF Tr Num: LBRM-126650889	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed-Filed	State Tr Num: EFT \$100
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)	Co Tr Num: 2010-AR-CDF-R-37-ABC	State Status: Fees verified and received
Filing Type: Rate		Reviewer(s): Becky Harrington, Betty Montesi
	Author: Judy Maddox	Disposition Date: 09/08/2010
	Date Submitted: 08/19/2010	Disposition Status: Filed
Effective Date Requested (New): 12/11/2010		Effective Date (New): 12/11/2010
Effective Date Requested (Renewal): 01/22/2011		Effective Date (Renewal): 01/22/2011

State Filing Description:

General Information

Project Name: Dwelling Fire	Status of Filing in Domicile:
Project Number: 2010-AR-CDF-R-37-ABC	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/08/2010	
State Status Changed: 08/20/2010	Deemer Date:
Created By: Judy Maddox	Submitted By: Judy Maddox
Corresponding Filing Tracking Number:	
Filing Description:	
Safeco Insurance Company of America 111-24740	
Dwelling Fire Program	
Revised Rates	

Safeco Filing Number: 2010-AR-CDF-R-37-ABC
 SERFF Filing Number: LBRM-126650889
 ISO Reference Filing Number: DP-2010-RLA1

SERFF Tracking Number: LBRM-126650889 State: Arkansas
Filing Company: Safeco Insurance Company of America State Tracking Number: EFT \$100
Company Tracking Number: 2010-AR-CDF-R-37-ABC
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Product Name: Dwelling Fire
Project Name/Number: Dwelling Fire/2010-AR-CDF-R-37-ABC

Effective Dates: December 11, 2010 New Business
January 22, 2011 Renewal Business

On behalf of the above captioned company this filing implements rate revisions to our Arkansas Safeco Dwelling Fire program. As displayed in Exhibit 1 the impact of this rate change produces an overall revision of +8.5%.

This filing introduces changes to our Fire and Extended Coverages rates in association with Insurance Services Office, Inc. Dwelling Program loss costs (DP-2010-RLA1). To address loss experience the Fire modifier is being revised to +53.6% and the Extended Coverages modifier is being revised to +28.3%. We are also adopting our current Arkansas dwelling expense multiplier – see Exhibit 2 for details.

We look forward to your acknowledgment of this filing. If you have any questions or require any additional information, please feel free to call me at the number provided below.

Sincerely,

Tim Collison
Product Manager
(206) 473-5865
FAX: (206) 473-6730
tim.collison@safeco.com

Company and Contact

Filing Contact Information

Judy Maddox, Analyst Judy.Maddox@safeco.com
14123 Denver West Parkway 720-497-9518 [Phone]
Golden , CO 80401 720-497-9495 [FAX]

Filing Company Information

Safeco Insurance Company of America	CoCode: 24740	State of Domicile: Washington
Safeco Plaza	Group Code: 111	Company Type: Property and Casualty
Suite 2800	Group Name: Liberty Mutual Group	State ID Number:
Seattle, WA 98185	FEIN Number: 91-0742148	
(206) 545-5000 ext. [Phone]		

SERFF Tracking Number: LBRM-126650889 State: Arkansas
Filing Company: Safeco Insurance Company of America State Tracking Number: EFT \$100
Company Tracking Number: 2010-AR-CDF-R-37-ABC
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Fire
Project Name/Number: Dwelling Fire/2010-AR-CDF-R-37-ABC

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: Rate/loss cost—changes to loss cost multiplier or independent rate filing \$100
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Safeco Insurance Company of America	\$100.00	08/19/2010	38897243

SERFF Tracking Number:	LBRM-126650889	State:	Arkansas
Filing Company:	Safeco Insurance Company of America	State Tracking Number:	EFT \$100
Company Tracking Number:	2010-AR-CDF-R-37-ABC		
TOI:	01.0 Property	Sub-TOI:	01.0002 Personal Property (Fire and Allied Lines)
Product Name:	Dwelling Fire		
Project Name/Number:	Dwelling Fire/2010-AR-CDF-R-37-ABC		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	09/08/2010	09/08/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	09/01/2010	09/01/2010	Judy Maddox	09/02/2010	09/02/2010
Pending Industry Response	Becky Harrington	08/20/2010	08/20/2010	Judy Maddox	08/31/2010	08/31/2010

<i>SERFF Tracking Number:</i>	<i>LBRM-126650889</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Safeco Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>2010-AR-CDF-R-37-ABC</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Dwelling Fire</i>		
<i>Project Name/Number:</i>	<i>Dwelling Fire/2010-AR-CDF-R-37-ABC</i>		

Disposition

Disposition Date: 09/08/2010

Effective Date (New): 12/11/2010

Effective Date (Renewal): 01/22/2011

Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Safeco Insurance Company of America	8.900%	8.500%	\$228,875	3,517	\$2,707,359	%	%

SERFF Tracking Number: LBRM-126650889 State: Arkansas

Filing Company: Safeco Insurance Company of America State Tracking Number: EFT \$100

Company Tracking Number: 2010-AR-CDF-R-37-ABC

TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Product Name: Dwelling Fire

Project Name/Number: Dwelling Fire/2010-AR-CDF-R-37-ABC

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines	Filed	Yes
Supporting Document (revised)	HPCS-Homeowners Premium Comparison Survey	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document (revised)	Support Exhibits	Filed	Yes
Supporting Document	Support Exhibits		Yes
Supporting Document	Industry Response 9.2.2010 - AR_Individual_Hurricane_Claims_to_SF	Filed	Yes
Rate	Exh 1 - Evaluation of Change	Filed	Yes
Rate	Exh 5 - Product Guide	Filed	Yes

SERFF Tracking Number: LBRM-126650889 *State:* Arkansas
Filing Company: Safeco Insurance Company of America *State Tracking Number:* EFT \$100
Company Tracking Number: 2010-AR-CDF-R-37-ABC
TOI: 01.0 Property *Sub-TOI:* 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Fire
Project Name/Number: Dwelling Fire/2010-AR-CDF-R-37-ABC

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/01/2010
Submitted Date 09/01/2010
Respond By Date
Dear Judy Maddox,

This will acknowledge receipt of the response dated 8/31/10.

Objection 1

No Objections

Comment: Please provide additional details regarding the "actual hurricane related" losses, such as the location of the losses and type. Identify the hurricane.

Please feel free to contact me if you have questions.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Sincerely,

Becky Harrington

SERFF Tracking Number: LBRM-126650889 State: Arkansas
Filing Company: Safeco Insurance Company of America State Tracking Number: EFT \$100
Company Tracking Number: 2010-AR-CDF-R-37-ABC
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Fire
Project Name/Number: Dwelling Fire/2010-AR-CDF-R-37-ABC

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/02/2010
Submitted Date 09/02/2010

Dear Becky Harrington,

Comments:

This is in response to the states objection.

Response 1

Comments: Please refer to the Excel document that includes this information. Losses in the attached exhibit include additional development that were not excluded from the indication. We consider the additional development immaterial.

Related Objection 1

Comment:

Please provide additional details regarding the "actual hurricane related" losses, such as the location of the losses and type. Identify the hurricane.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Industry Response 9.2.2010 - AR_Individual_Hurricane_Claims_to_SF

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any questions or require any additional information please feel free to call me at the number provided below.

Sincerely,

Tim Collison
Product Manager
(206) 473-5865

SERFF Tracking Number: LBRM-126650889

State: Arkansas

Filing Company: Safeco Insurance Company of America

State Tracking Number: EFT \$100

Company Tracking Number: 2010-AR-CDF-R-37-ABC

TOI: 01.0 Property

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Product Name: Dwelling Fire

Project Name/Number: Dwelling Fire/2010-AR-CDF-R-37-ABC

FAX: (206) 473-6730

tim.collison@safeco.com

Sincerely,
Judy Maddox

SERFF Tracking Number: LBRM-126650889 State: Arkansas
Filing Company: Safeco Insurance Company of America State Tracking Number: EFT \$100
Company Tracking Number: 2010-AR-CDF-R-37-ABC
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Fire
Project Name/Number: Dwelling Fire/2010-AR-CDF-R-37-ABC

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/20/2010
Submitted Date 08/20/2010

Respond By Date

Dear Judy Maddox,

This will acknowledge receipt of the captioned filing.

The overall rate change amount will be subject to Commissioner Bradford's review.

Objection 1

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:

Form HPCS must be submitted in Excel spreadsheet format. Companies may not change the form in any way or include formulas.

Objection 2

- Support Exhibits (Supporting Document)

Comment: Please revise your indications to remove the hurricane provision. The Department does not believe it is appropriate for AR.

Please feel free to contact me if you have questions.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Sincerely,

Becky Harrington

SERFF Tracking Number: LBRM-126650889 State: Arkansas
Filing Company: Safeco Insurance Company of America State Tracking Number: EFT \$100
Company Tracking Number: 2010-AR-CDF-R-37-ABC
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Fire
Project Name/Number: Dwelling Fire/2010-AR-CDF-R-37-ABC

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/31/2010
Submitted Date 08/31/2010

Dear Becky Harrington,

Comments:

Thank you for the timely review of our filing. This is in response to your SERFF objection letter of August 20, 2010.

Response 1

Comments: We have included the HPCS in Excel format.

Related Objection 1

Applies To:

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:

Form HPCS must be submitted in Excel spreadsheet format. Companies may not change the form in any way or include formulas.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: HPCS-Homeowners Premium Comparison Survey

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments: Attached is an updated EC indication exhibit with the hurricane load removed. In removing the hurricane load, we had to include our actual hurricane related losses which increased our EC indication from +12.5% to +14.3%.

Related Objection 1

SERFF Tracking Number: LBRM-126650889 *State:* Arkansas
Filing Company: Safeco Insurance Company of America *State Tracking Number:* EFT \$100
Company Tracking Number: 2010-AR-CDF-R-37-ABC
TOI: 01.0 Property *Sub-TOI:* 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Fire
Project Name/Number: Dwelling Fire/2010-AR-CDF-R-37-ABC

Applies To:

- Support Exhibits (Supporting Document)

Comment:

Please revise your indications to remove the hurricane provision. The Department does not believe it is appropriate for AR.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Support Exhibits

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any questions or require any additional information please feel free to call me at the number provided below.

Sincerely,

Tim Collison
Product Manager
(206) 473-5865
FAX: (206) 473-6730
tim.collison@safeco.com

Sincerely,
Judy Maddox

SERFF Tracking Number: LBRM-126650889

Filing Company: Safeco Insurance Company of America

Company Tracking Number: 2010-AR-CDF-R-37-ABC

TOI: 01.0 Property

Product Name: Dwelling Fire

Project Name/Number: Dwelling Fire/2010-AR-CDF-R-37-ABC

State: Arkansas

State Tracking Number: EFT \$100

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Rate Information

Rate data applies to filing.

Filing Method: File and Use

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 0.820%

Effective Date of Last Rate Revision: 04/10/2010

Filing Method of Last Filing: File and Use

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Safeco Insurance Company of America	8.900%	8.500%	\$228,875	3,517	\$2,707,359	%	%

<i>SERFF Tracking Number:</i>	<i>LBRM-126650889</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Safeco Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>2010-AR-CDF-R-37-ABC</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Dwelling Fire</i>		
<i>Project Name/Number:</i>	<i>Dwelling Fire/2010-AR-CDF-R-37-ABC</i>		

Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page	Rate Action	Previous State Filing Attachments
Status:		#:		Number:
Filed 09/08/2010	Exh 1 - Evaluation of Change	Complete	Replacement	Exh 1 - Evaluation of Change.pdf
Filed 09/08/2010	Exh 5 - Product Guide	Complete	Replacement	Exh 5 - Product Guide.pdf

Exhibit 1

Summary Evaluation of Change

SAFECO Insurance Company of America

Arkansas

Fire and Extended Coverages			
	<u>Written Premium</u>	<u>Dollars of Change</u>	<u>Percent of Change</u>
Fire - Dwelling	\$1,517,340	\$104,090	6.9%
Fire - Contents	<u>\$52,504</u>	<u>\$4,962</u>	<u>9.5%</u>
Total Fire	\$1,569,844	\$109,051	6.9%
Extended Coverages - Dwelling	\$947,724	\$115,717	12.2%
Extended Coverages - Contents	<u>\$13,892</u>	<u>\$560</u>	<u>4.0%</u>
Total Extended Coverages	\$961,616	\$116,277	12.1%
Total Fire and Extended Coverages	\$2,531,460	\$225,328	8.9%

Optional Coverages / Increased Limits			
	<u>Written Premium</u>	<u>Dollars of Change</u>	<u>Percent of Change</u>
Comprehensive Personal Liability (incl. Pers. Injury)	\$54	\$0	0.0%
CPL - Increased Medical Limits	\$0	\$0	0.0%
Premises Liability (incl. Pers. Injury)	\$121,697	\$0	0.0%
PL - Increased Medical Limits	\$2,431	\$0	0.0%
Extended Dwelling Coverage	\$21,618	\$1,963	9.1%
On-Premises Theft	\$11,225	\$0	0.0%
Loss Assessment	\$1,112	\$0	0.0%
Increased Coverage B Limits	\$10,759	\$962	8.9%
Increased Coverage D Limits	\$7,003	\$622	8.9%
Total Optional Coverages/Increased Limits	\$175,899	\$3,547	2.0%

Combined Coverages			
	<u>Written Premium</u>	<u>Dollars of Change</u>	<u>Percent of Change</u>
Grand Total	\$2,707,359	\$228,875	8.5%

Arkansas

Dwelling Fire: Landlord Protection®



Safeco Insurance Company of America



© 2010 Safeco Insurance Company of America, member of Liberty Mutual Group, 1001 4th Ave, Seattle, WA 98154. All rights reserved.

What's New

Effective Date of New and
Revised Material
Updates

Companies and Copyrights

Eligibility and Rules

Eligibility

Property Coverages

Coverage C – Personal
Property Requirements

Policy Period

Changes on Policies

Cancellation of Insurance

Additional Interests

Minimum Premium

Temporary Binder

Deductibles

All Perils – All Forms

Increased Limits

Coverage Options

Option A – Extended Dwelling

Coverage – Forms (2) and (3)

Option B – On-Premises Theft
– All Forms

Option E – Comprehensive
Personal Liability – Forms
(1), (2) and (3)

Option G – Loss Assessment –
All Forms

Option H – Premises Liability –
All Forms

Option EE – Earthquake
Coverage – All Forms

Option EL – Extended Liability
– All Forms

Option VV – Theft of Building
Materials – Forms (1), (2) and
(3)

Discounts

Account Credit – All Forms

Employee Discount Plan

Company Only content is displayed in grey.

What's New

Effective Date of New and Revised Material

12/11/10 New Business • 01/22/11 Renewal Business

Updates

Basic Form 1 is no longer available to new business.

Companies and Copyrights

Landlord Protection is a trademark of Safeco Insurance Company of America.

Safeco Insurance Company of America

© 2010 Safeco Insurance Company of America, member of Liberty Mutual Group, 1001 4th Ave, Seattle, WA 98154. All rights reserved.



Eligibility and Rules

Eligibility

(Effective: 11/05/09)

A Landlord Protection[®] Policy may be issued to insure:

- A dwelling and premises that are well maintained with no unusual exposures
- A dwelling used exclusively for residential purposes with no more than four units, each designed for one-family occupancy
- A dwelling in a town house or row structure that has no more than four units
- Pre-1956 homes:
 - Minimum 200 amp circuit breaker service, or alternately:
 - 100 amp circuit breaker minimum with entirely updated electrical service including all wiring, outlets, switches and conduit (no knob-and-tube wiring).

- A condominium unit that is rented to others. The condominium association agreement affecting the unit should be reviewed to determine which coverages are needed
- An owner occupied single-family dwelling or a dwelling where the owner occupies one of not more than four units
- Personal property in:
 - A dwelling that is eligible to be covered;
 - A dwelling with rental apartments, including furnishings, equipment and appliances in common areas or utility rooms;
 - Any apartment or condominium unit used as private living quarters of your customer or rented to others furnished.

A policy may not be issued for:

- Dwellings or units that are vacant or unoccupied by a tenant
- Residences that are for sale

- Contents only without Coverage A (Dwelling);
- Property situated on premises used for farming purposes unless farming conducted thereon is only incidental to the occupancy of the premises as a dwelling and farming is not the occupation of your customer or residents of their household;
- Risks constructed in whole or in part for other than residential purposes;
- New dwellings in the course of construction;
- Trailers or mobile homes.

Special Notes

- A signature and/or photograph may be required to issue a policy

Property Coverages

Basic, Broad, Special and Condominium (Broad) Landlord Protection policy forms are available.

Coverage A Dwelling or Condominium Building Items	Form (1)	<ul style="list-style-type: none"> Includes fire coverage and extended coverages Dwelling is covered on an Actual Cash Value basis Must be insured at 100 percent of Actual Cash Value Vandalism and Malicious Mischief coverage is not automatically included but may be purchased separately
	Form (2)	<ul style="list-style-type: none"> Includes fire coverage and extended coverages Dwelling is covered on a Replacement Cost basis Must be insured at 100 percent of Replacement Cost Vandalism and Malicious Mischief coverage is automatically included and may not be eliminated
	Form (3)	<ul style="list-style-type: none"> Includes fire coverage and extended coverages Dwelling is covered on a Replacement Cost basis Must be insured at 100 percent of Replacement Cost Vandalism and Malicious Mischief coverage is automatically included and may not be eliminated
	Form (8)	<ul style="list-style-type: none"> Includes fire coverage and extended coverages Condominium Building Items are covered on a Replacement Cost basis with a minimum limit of \$10,000 Vandalism and Malicious Mischief coverage is automatically included and may not be eliminated

Coverage B Other Structures	Forms (1), (2) and (3)	<ul style="list-style-type: none"> Automatically covered on an Actual Cash Value basis up to 10 percent of Coverage A Coverage Limit may not be decreased or eliminated Increased limits may be purchased Perils covered are the same as Coverage A perils
Coverage C Personal Property	Forms (1), (2) and (3)	<ul style="list-style-type: none"> If purchased with Coverage A, personal property is covered on an Actual Cash Value basis Form (1) contents are covered on a Basic Form named perils basis. Forms (2) and (3) contents are covered on a Broad Form named perils basis
	Form (8)	<ul style="list-style-type: none"> Personal property is covered for Broad Form perils on an Actual Cash Value basis
Coverage D Loss of Rent, Rental Value (and Additional Living Expense)	Forms (1), (2) and (3)	<ul style="list-style-type: none"> Automatically covered up to 10 percent of Coverage A Additional Living Expense is not available with Form (1) Loss of Rent or Rental Value are determined by tenant occupancy; Additional Living Expenses applies to owner occupancy Coverage Limit may not be decreased or eliminated but increased limits may be purchased
	Form (8)	<ul style="list-style-type: none"> Loss of Rent and Rental Value are not automatically covered but may be purchased Additional Living Expense is not available with Form (8)
Ordinance or Law Coverage	All Forms	<ul style="list-style-type: none"> Automatically covered up to 10 percent of Coverage A and additional limits not available

Coverage C – Personal Property Requirements

Form (1), (2) or (3) may be written without Personal Property coverage. If it is purchased, apply the following minimums:

Occupancy	Coverage C Minimum
Non-seasonal Owner Occupied	
One-family dwelling	50% of Coverage A
Multi-family dwelling	\$20,000
Seasonal – Owner Occupied	5,000
Tenant occupied	2,000

Condominium Form (8) requires Coverage C.

Policy Period

The policy period is one year with continuous renewal until canceled or non-renewed.

Changes on Policies

Policy changes may be made during the term of the policy by endorsement. Additional or return premium will be computed on a pro rata basis. Amounts of \$3 or less will be waived.

Cancellation of Insurance

If the policy is canceled at the request of either your customer or us, the return premium shall be 100 percent of the pro rata unearned premium. Amounts of \$3 or less will be waived.

Additional Interests

The interest of individuals or companies (other than the mortgagee listed in the Declarations) may be added by the Additional Interest Endorsement.

Minimum Premium

The minimum premium is \$100 per policy.

Temporary Binder

Temporary binder forms may not be used for binding Landlord Protection™ policies. New customers may be bound only by submitting an application form.

Deductibles

All Perils – All Forms

(Effective NB: 04/10/10 RB: 05/20/10)

Deductibles
\$1,000
1,500
2,000
2,500
5,000

Increased Limits

If your customer selects an amount of either Coverage B (Other Structures) or Coverage D (Loss of Rent, Rental Value and, if applicable, Additional Living Expense) above the 10 percent automatically provided by the Basic Form (1), Broad Form (2) or Special Form (3) policy, indicate only the “increased limits” portion on the Application or by endorsement. The Declarations issued by us will display the aggregate limit.

Increased Limits for these coverages are not available with Form (8).

Coverage Options

Availability by Form				Coverages at-a-Glance
(1)	(2)	(3)	(8)	
	●	●		Option A – Extended Dwelling Coverage
●	●	●	●	Option B – On-Premises Theft
●	●	●		Option E – Comprehensive Personal Liability (including Personal Injury and Medical Payments)
●	●	●	●	Option G – Loss Assessment
●	●	●	●	Option H – Premises Liability (including Personal Injury and Medical Payments)
●	●	●	●	Option EE – Earthquake Coverage
●	●	●	●	Option EL – Extended Liability
●	●	●		Option VV – Theft of Building Materials
● = Not included on policy; available for purchase				

Option A – Extended Dwelling Coverage – Forms (2) and (3)

Extended Dwelling Coverage may be purchased and provides up to an additional 25 percent of Coverage A should repair or replacement exceed the Coverage A amount displayed on the Declarations page. The factor below is applied to the Fire and extended coverage premiums.

Factor
3 percent

Option B – On-Premises Theft – All Forms

(Effective NB: 04/10/10 RB: 05/20/10)

If Coverage C (personal property) has been purchased, and your customer is an individual or single-family household, and there are no more than two roomers or boarders, coverage is available for On-Premises Theft at the personal property deductible. Option B does not include theft by tenants or theft off premises.

Base F30 Premiums			
Deductible	\$1,000	\$2,000	\$5,000
\$1,000	22	44	110
1,500	19	38	95
2,000	17	34	85
2,500	14	28	70
5,000	11	22	55

Option E – Comprehensive Personal Liability – Forms (1), (2) and (3)

Comprehensive Personal Liability (including Personal Injury covering wrongful eviction or entry, invasion of privacy and libel and slander) and Medical Payments coverage may be purchased if the Named Insured is the occupant of the premises to which Coverage A (dwelling) applies.

Limits of Liability with Medical	Base F30 Premiums			
	1-Family	2-Family	3-Family	4-Family
\$100,000/1,000	\$35	\$50	\$ 60	\$ 73
300,000/1,000	41	60	72	88
500,000/1,000	44	64	78	95
1,000,000/1,000	47	69	84	102
1,500,000/1,000	49	72	87	107

Medical Payments	
Aggregate Limits	Base F30 Premiums
\$ 1,000	Included
2,000	\$3
3,000	5
4,000	8
5,000	10
10,000	23

Option G – Loss Assessment – All Forms

Coverage may be purchased for losses assessed against the insured as a member of a property owners association or corporation. Option G can only be purchased if Option E – Comprehensive Personal Liability or Option H – Premises Liability is purchased. Coverage includes property and liability.

Limit of Liability	Base F30 Premiums
\$ 1,000	\$ 5
10,000	10
15,000	15
50,000	20

Option H – Premises Liability – All Forms

Premises Liability coverage (including Personal Injury covering wrongful eviction or entry, invasion of privacy and libel and slander) and Medical Payments coverage may be purchased for any dwelling or condominium unit insured on the policy.

Limits of Liability with Medical	Base F30 Premiums			
	1-Family	2-Family	3-Family	4-Family
\$ 100,000/1,000	\$31	\$44	\$85	\$104
300,000/1,000	36	52	103	127
500,000/1,000	39	56	112	137
1,000,000/1,000	41	60	121	148
1,500,000/1,000	43	62	126	155

Medical Payments	
Aggregate Limits	Base F30 Premiums
\$ 1,000	Included
2,000	\$1
3,000	2
4,000	3
5,000	3
10,000	8

Option EE – Earthquake Coverage – All Forms

Earthquake damage coverage may be extended to frame, masonry veneer and solid masonry dwellings. A deductible of 10 percent, 15 percent, 20 percent or 25 percent of the policy limit may be selected. The deductible will apply separately to the amount of insurance for Coverage A (Dwelling), Coverage B (Other Structures), Coverage C (Personal Property) and condominium Building Items.

Zone 2: Clay, Craighead, Crittendon, Cross, Greene, Jackson, Mississippi, Poinsett

Zone 3: Independence, Lawrence, Lee, Monroe, Phillips, Randolph, St. Francis, White, Woodruff

Zone 4: Arkansas, Baxter, Cleburne, Conway, Desha, Faulkner, Fulton, Izard, Jefferson, Little River, Lonoke, Marion, Prairie, Pulaski, Searcy, Sebastian, Sharp, Stone, Van Buren

Zone 5: Ashley, Benton, Boone, Bradley, Calhoun, Carroll, Chicot, Clark, Cleveland, Columbia, Crawford, Dallas, Drew, Franklin, Garland, Grant, Hempstead, Hot Spring, Howard, Johnson, Lafayette, Lincoln, Logan, Madison, Miller, Montgomery, Nevada, Newton, Perry, Pike, Polk, Pope, Ouachita, Saline, Scott, Sevier, Union, Washington, Yell

Age and Construction Requirements

Frame homes must have a continuous poured concrete foundation. Frame homes built prior to 1945 must have their foundation verified by agent inspection or photo.

Zone	Dwelling – Coverage A		Personal Property Coverage C
	Frame*	Masonry/Masonry Veneer†	
10% Deductible – Rates per \$1,000			
2	\$.42	\$.75	\$.30
3	.24	.52	.20
4	.24	.52	.20
5	.24	.52	.20
15% Deductible – Rates per \$1,000			
2	\$.30	\$.53	\$.21
3	.17	.36	.14
4	.17	.36	.14
5	.17	.36	.14
20% Deductible – Rates per \$1,000			
2	\$.19	\$.34	\$.14
3	.12	.25	.09
4	.12	.25	.09
5	.12	.25	.09
25% Deductible – Rates per \$1,000			
2	\$.11	\$.20	\$.08
3	.07	.15	.05
4	.07	.15	.05
5	.07	.15	.05

* Rate aluminum and plastic siding as frame construction.

† Rate log as masonry veneer.

Under Form (8) for Coverage A (Condominium Building Items), charge the Dwelling frame rates indicated in table.

If increased limits of Coverage B (Other Structures) have been purchased, no additional charge for this coverage will be made.

No Earthquake coverage may be bound for 10 days following an earthquake in excess of 6.0 on the Richter Scale unless formal written notification is received from Safeco Personal Lines management.

The minimum premium for earthquake coverage shall be \$40.

Option EL – Extended Liability – All Forms

(Effective NB: 04/10/10 RB: 05/20/10)

Liability coverage (excluding personal injury but including medical payments) may be purchased to provide coverage for professional property management firms in the event Option H - Premises Liability has also been purchased.

Limits of Liability/Medical	Base F30 Premiums			
	1-Family	2-Family	3-Family	4-Family
\$100,000/1,000	\$21	\$34	\$75	\$94
300,000/1,000	26	42	93	117
500,000/1,000	29	46	102	127
1,000,000/1,000	31	50	111	138
1,500,000/1,000	33	52	116	145

Option VV – Theft of Building Materials – Forms (1), (2) and (3)

Coverage may be provided for theft of building materials or supplies for a home while being remodeled by issuing the appropriate form and charging a premium.

Base F30 Premium per Policy
\$120

New dwellings in the course of construction are not eligible for the Landlord Protection™ program.

Discounts

Account Credit – All Forms

(Effective NB: 04/10/10 RB: 05/20/10)

If your customer has a personal lines homeowners policy with us (home, condominium or renters), a 5 percent premium credit will be allowed. This credit will be discontinued if the homeowners policy lapses.

Employee Discount Plan

(Effective NB: 09/17/09 RB: 10/27/09)

Eligible persons are employees of Liberty Mutual or its subsidiaries, their spouses, domestic partners, grandparents, parents, aunts, uncles, nieces, nephews, siblings, children, and family members in the household. All other underwriting standards and provisions apply. This discount only applies to policies sold through Emerald City Insurance.

<i>SERFF Tracking Number:</i>	<i>LBRM-126650889</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Safeco Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>2010-AR-CDF-R-37-ABC</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Dwelling Fire</i>		
<i>Project Name/Number:</i>	<i>Dwelling Fire/2010-AR-CDF-R-37-ABC</i>		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines	Filed	09/08/2010
Comments:		
Attachment:		
_Stat 3 - RF-1 LCM Data Entry.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: HPCS-Homeowners Premium Comparison Survey	Filed	09/08/2010
Comments:		
Attachments:		
_Stat 7 - Premium Comparison.pdf		
Stat 7 - Premium Comparison.xls		

	Item Status:	Status
		Date:
Satisfied - Item: NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	09/08/2010
Comments:		
Attachments:		
_Stat 4 - RF-2 LCM Cover.pdf		
_Stat 5 - RF-2 Fire LC adoption.pdf		
_Stat 6 - RF-2 EC LC adoption.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Support Exhibits	Filed	09/08/2010
Comments:		
Attachments:		

<i>SERFF Tracking Number:</i>	<i>LBRM-126650889</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Safeco Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>2010-AR-CDF-R-37-ABC</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>

Product Name: *Dwelling Fire*
Project Name/Number: *Dwelling Fire/2010-AR-CDF-R-37-ABC*

_Stat 1 - Transmittal.pdf
_Stat 2 - Filing Schedule.pdf
Exh 2 - Fire EC Expense Multipliers 2010Q1.pdf
Exh 3 - ROE.pdf
Exh 4 - Investment Income.pdf
Exh F - Fire Indication Summary.pdf
Revised EC Indication Exhibit.pdf

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	2010-AR-CDF-R-37
-----------	---	------------------

2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	ISO, Inc. - DP-2010-RLA1
-----------	--	--------------------------

Company Name		Company NAIC Number	
3.	A. Safeco Insurance Company of America	B.	111-24740

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)	
4.	A. Property	B.	01.0002 Personal Property (Fire and Allied Lines)

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Fire	+7.3%	+6.9%	62.17	+53.6%	2.471	n/a	2.368
Extended Coverages	+12.5%	+12.1%	62.17	+28.3%	2.064	n/a	1.876
TOTAL OVERALL EFFECT	n/a						

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2009	3717	+12.5%	10/1/2009	2,464	2,057	83.48	51.80
2008	3720	+8.5%	9/4/08	2,114	2,593	169.69	61.67
2007	3480	+5.6%	7/19/07	1,626	473	29.10	56.49
2006	2663	+1.3%	6/8/06	1,165	591	50.70	47.10
2005	1992	None	N/A	762	545	71.60	43.40

7.

Expense Constants	Selected Provisions
A. Total Production Expense	17.20
B. General Expense	8.52
C. Taxes, Licenses & Fees	3.10
D. Underwriting Profit & Contingencies	9.01
E. Other (explain)	n/a
F. TOTAL	37.83

8. N Apply Loss Cost Factors to Future filings? (Y or N)

9. +14.9% Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): 33

10. 0.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 30

NAIC Number:	111-24740
Contact Person:	Tim Collison
Telephone No.:	206-473-5865
Email Address:	timcol@safeco.com
Effective Date:	12/11/2010 - New Business

Homeowners Premium Comparision Survey Form
FORM HPSC - last modified August, 2005

USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE BLANK

Submit to: Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Telephone: 501-371-2800
Email as an attachment to insurance.pnc@arkansas.gov
You may also attach to a SERFF filing or submit on a cdr disk

Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Risk of direct physical loss for dwelling and other structures; named perils for personal property, RC on dwelling, ACV on personal property, liab and med pay for others incl)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	\$120,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	\$160,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
6	\$80,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	\$120,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	\$160,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
9	\$80,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	\$120,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	\$160,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Survey Form for HO4 (Renters) - Use \$500 Flat Deductible (Named perils for personal property, actual cash value for loss, liability and medical payments for others included)

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	\$15,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	\$25,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
6	\$5,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	\$15,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	\$25,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
9	\$5,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	\$15,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	\$25,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Survey Form for DP-2 (Dwelling/Fire) - Use \$500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$486	\$569	\$486	\$569	\$486	\$569	\$486	\$569	\$486	\$569	\$486	\$569	\$486	\$569	\$486	\$569	\$486	\$569
	\$120,000	\$658	\$769	\$658	\$769	\$658	\$769	\$658	\$769	\$658	\$769	\$658	\$769	\$658	\$769	\$658	\$769	\$658	\$769
	\$160,000	\$831	\$968	\$831	\$968	\$831	\$968	\$831	\$968	\$831	\$968	\$831	\$968	\$831	\$968	\$831	\$968	\$831	\$968
6	\$80,000	\$495	\$579	\$495	\$579	\$495	\$579	\$495	\$579	\$495	\$579	\$495	\$579	\$495	\$579	\$495	\$579	\$495	\$579
	\$120,000	\$672	\$781	\$672	\$781	\$672	\$781	\$672	\$781	\$672	\$781	\$672	\$781	\$672	\$781	\$672	\$781	\$672	\$781
	\$160,000	\$847	\$985	\$847	\$985	\$847	\$985	\$847	\$985	\$847	\$985	\$847	\$985	\$847	\$985	\$847	\$985	\$847	\$985
9	\$80,000	\$658	\$841	\$658	\$841	\$658	\$841	\$658	\$841	\$658	\$841	\$658	\$841	\$658	\$841	\$658	\$841	\$658	\$841
	\$120,000	\$887	\$1,129	\$887	\$1,129	\$887	\$1,129	\$887	\$1,129	\$887	\$1,129	\$887	\$1,129	\$887	\$1,129	\$887	\$1,129	\$887	\$1,129
	\$160,000	\$1,116	\$1,417	\$1,116	\$1,417	\$1,116	\$1,417	\$1,116	\$1,417	\$1,116	\$1,417	\$1,116	\$1,417	\$1,116	\$1,417	\$1,116	\$1,417	\$1,116	\$1,417

SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:

HO3 and HO4 only

Fire Extinguisher	n/a	%	Deadbolt Lock	n/a	%
Burglar Alarm	n/a	%	Window Locks	n/a	%
Smoke Alarm	n/a	%	\$1,000 Deductible	n/a	%
			Other (specify)		
					%
			Maximum Credit Allowed		%

EARTHQUAKE INSURANCE

IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this coverage

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?	No	(yes or no)
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	n/a	%
WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?	Zone	Brick
	Highest Risk	\$ n/a
	Lowest Risk	\$ n/a

<i>SERFF Tracking Number:</i>	<i>LBRM-126650889</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Safeco Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>2010-AR-CDF-R-37-ABC</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Dwelling Fire</i>		
<i>Project Name/Number:</i>	<i>Dwelling Fire/2010-AR-CDF-R-37-ABC</i>		

Attachment "Stat 7 - Premium Comparison.xls" is not a PDF document and cannot be reproduced here.

**INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS REFERENCE
FILING ADOPTION FORM**

08/19/2010

1. Insurer Name Safeco Insurance Company of America
Address Safeco Plaza, Seattle, WA 98185
- Person Responsible for Filing Tim Collison
- Title Product Manager Telephone No. 206-473-5865
2. Insurer NAIC No. 24740 Group No. 111
3. Line of Insurance Dwelling Fire and Allied Lines
4. Advisory Organization ISO
5. Advisory Organization Reference Filing No. DP-2010-RLA1
6. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.
7. Proposed Rate Level Change +8.5 % Effective Date 12/11/2010
8. Prior Rate Level Change -0.8 % Effective Date 04/10/2010
9. Attach "Summary of Supporting Information Form"
(Use a separate Summary for each insurer-selected loss cost multiplier.)
10. Check one of the following:
- ☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.
- ☒ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

Insurer Name: Safeco Insurance Company of America Date: 8/19/2010
 NAIC No. 24740 Group No. 111

INSURER RATE FILING
 ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS
 SUMMARY OF SUPPORTING INFORMATION FORM
 CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Fire Dwelling and Contents
2. Loss Cost Modification:
- A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
 (Check One)
☐ Without Modification (factor = 1.000)
☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) +53.6% - see indication on abstract
- B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.536

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

Selected Provisions

A. Total Production Expense	<u>17.20</u>	%
B. General Expense	<u>8.52</u>	%
C. Taxes, Licenses & Fees	<u>3.10</u>	%
D. Underwriting Profit & Contingencies*	<u>9.05 - Inv. Inc. Included</u>	%
E. Other (explain)	<u>N/A</u>	%
F. TOTAL	<u>37.87</u>	%

* Explain how investment income is taken into account.

4. A. Expected Loss Ratio: $ELR = 100\% - 3F = A$. 62.13 %
 B. ELR in Decimal Form = .6213 %
5. Company Formula Loss Cost Multiplier: (2B divided by 4B) = 2.472 %
6. Company Selected Loss Cost Multiplier = 2.472 %
 Explain any differences between 5 and 6:

7. Rate level change for the coverages to which this page applies: +6.9 %

Example 1: Loss Cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss Cost Modification Factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

Insurer Name: Safeco Insurance Company of America Date: 8/19/10
 NAIC No. 24740 Group No. 111

INSURER RATE FILING
 ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS
 SUMMARY OF SUPPORTING INFORMATION FORM
 CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Extended Coverages Dwelling and Contents
2. Loss Cost Modification:
- A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
 (Check One)
☐ Without Modification (factor = 1.000)
☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) +28.3% - see indication on abstract
- B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.283

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

Selected Provisions

A. Total Production Expense	<u>17.20</u>	%
B. General Expense	<u>8.52</u>	%
C. Taxes, Licenses & Fees	<u>3.10</u>	%
D. Underwriting Profit & Contingencies*	<u>9.05 – Inv. Inc. Included</u>	%
E. Other (explain)	<u>N/A</u>	%
F. TOTAL	<u>37.87</u>	%

* Explain how investment income is taken into account.

4. A. Expected Loss Ratio: $ELR = 100\% - 3F = A$. 62.13 %
 B. ELR in Decimal Form = .6213 %
5. Company Formula Loss Cost Multiplier: (2B divided by 4B) = 2.065 %
6. Company Selected Loss Cost Multiplier = 2.065 %
 Explain any differences between 5 and 6:

7. Rate level change for the coverages to which this page applies: +12.1 %

Example 1: Loss Cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss Cost Modification Factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

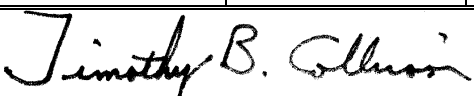
3. Group Name	Group NAIC #
Liberty Mutual Group	111

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Safeco Insurance Co. of America	WA	24740	91-0742148	n/a

5. Company Tracking Number	2010-AR-CDF-R-37
-----------------------------------	-------------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Tim Collison, Safeco Plaza, Seattle, WA 98185	Product Manager	206-473-5865	206-473-6730	timcol@safeco.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Tim Collison

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Property
10. Sub-Type of Insurance (Sub-TOI)	01.0002 Personal Property (Fire and Allied Lines)
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	Personal
12. Company Program Title (Marketing title)	Landlord Protection
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 12/11/2010 Renewal: 01/22/2011

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	ISO, inc.
17.	Reference Organization # & Title	DP 2010 RLA1
18.	Company's Date of Filing	08/19/2010
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	2010-AR-CDF-R-37
------------	--	------------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

On behalf of the above captioned company this filing implements rate revisions to our Arkansas Safeco Dwelling Fire program. As displayed in Exhibit 1 the impact of this rate change produces an overall revision of +8.5%.

This filing introduces changes to our Fire and Extended Coverages rates in association with Insurance Services Office, Inc. Dwelling Program loss costs (DP-2010-RLA1). To address loss experience the Fire modifier is being revised to +53.6% and the Extended Coverages modifier is being revised to +28.3%. We are also adopting our current Arkansas dwelling expense multiplier – see Exhibit 2 for details.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: N/A Amount: \$100 </div> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	2010-AR-CDF-R-37
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

☒ Rate Increase

☐ Rate Decrease

☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use
-----------	--	------------

4a.	Rate Change by Company (As Proposed)
------------	---

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Safeco Ins Co of America	+8.9% Fire & EC	+8.5% Overall	\$228,875	3,517	\$2,707,359		

4b.	Rate Change by Company (As Accepted) For State Use Only
------------	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	-0.82%
7.	Effective Date of last rate revision	4/10/2010
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Product Guide – All Pages	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Exhibit 2

SAFECO INSURANCE COMPANY OF AMERICA
PERSONAL DWELLING FIRE PROGRAM
DWELLING FIRE AND EXTENDED COVERAGES

Arkansas (AR)

EXPECTED LOSS RATIO BUDGET

(1) PREMIUM DOLLAR	100.0%
(2) VARIABLE EXPENSES:	
(A) COMMISSIONS	17.20%
(B) VARIABLE GENERAL OPERATING EXPENSES	2.26%
(C) TAXES	3.10%
(D) NON-VOLUNTARY ASSESSMENT EXPENSE	0.00%
(E) TOTAL VARIABLE EXPENSES = (A)+(B)+(C)+(D)	22.56%
(3) FIXED EXPENSES	
(A) FIXED GENERAL OPERATING EXPENSES	6.23%
(B) FIXED REINSURANCE EXPENSE	0.03%
(C) TOTAL FIXED EXPENSES = (A)+(B)	6.26%
(4) BUDGETARY PROFIT LOAD	9.05%
(5) EXPECTED LOSS AND AE RATIO = (1)-(2E)-(3C)-(4)	62.13%
(6) PROJECTED LOSS ADJUSTMENT EXPENSE	
(A) RATIO TO LOSSES:	16.6%
(B) RATIO TO PREMIUM	8.8%
(7) EXPECTED LOSS RATIO = (5)/[1+(6B)] = [(1)-(2E)-(3C)-(4)]/[1+(6B)]	53.3%
(8) EXPENSE MULTIPLIER (FOR LC INCL AE) = 1 / (5)	1.610

EXHIBIT 3

SAFECO INSURANCE GROUP DWELLING FIRE AND EXTENDED COVERAGES

ARKANSAS

Development of Target Underwriting Gain

Indicated (target) pre-tax underwriting gains by coverage can be calculated based on Target Operating Ratios by deducting Investment Income from Policyholders' Funds. An estimate of the income potential realized in the insurance transaction can be calculated using a discounted cash flow model. Explanatory notes and supporting detail are provided in this Exhibit. The calculation of the pre-tax target underwriting gain is shown below:

	(1)	(2)	(3)	(4)
	Target	After Tax	Federal Income	Target
	After Tax	Investment	Tax Rate	Underwriting
	Operating	Ratio to	on	Gain
	<u>Ratio</u>	<u>Policyholders'</u>	<u>Underwriting</u>	<u>[(1) - (2)]/</u>
		<u>Funds</u>	<u>Income</u>	<u>[1 - (3)]</u>
Fire & EC	6.21%	0.33%	35.00%	9.05%

Details of the after-tax investment ratio to Policyholders' Funds are shown in the Investment Income Exhibit

EXHIBIT 4

SAFECO INSURANCE GROUP PERSONAL DWELLING FIRE PROGRAM DWELLING FIRE AND EXTENDED COVERAGES

ARKANSAS

INVESTMENT INCOME EXHIBIT Summary Page

Estimated investment income from policyholder funds is derived for the dwelling fire and extended coverages.
The after-tax results are as follows:

<u>Coverage</u>	<u>% of Earned Premium</u>
Dwelling Fire And Extended Coverages	0.33%

The results are for SAFECO Insurance Company of America and use the following state expenses:

<u>Expense Category</u>	<u>% of Expected Loss</u>	<u>% of Earned Premium</u>
Expected Loss		53.28
Expected AE	16.60	8.84
Commission		17.20
Tax		3.10
General Expense		8.49
Reinsurance/Assessment		0.03
Underwriting Profit		9.05

The results assume adequate rate levels exist. To the extent that rates are not at adequate levels, the investment income estimate may need to be adjusted. The underwriting profit provision listed above includes a consideration for investment income. Estimated investment income from policyholder funds is derived from a discounted cash model that calculates earnings from the net cash flow on the policy. The investment income estimate is equivalent to income earned from loss reserves and unearned premium reserves.

The following is an index to this exhibit:

Pages 2, 3, and 4	Explanatory Notes
Page 5	Discounted Cash Flow Analysis Expected Investment Income from Policyholder Funds
Page 6	Premium Inflows from Premium Pay Plan Distribution
Pages 7 and 8	Loss Payment Pattern
Page 9	Timing of Federal Income Taxes
Page 10	Expected Investment Income from Supporting Surplus

Explanatory Notes

Estimated investment income from policyholder funds is calculated using a discounted cash flow model. Cash flows arising from transactions associated with a block of policies with the same effective date are composed of an inflow of premium payments and outflows of loss, expense, and federal income tax payments. The cash flows are discounted to the middle of the period for which the proposed rates are to be effective (generally, 180 days past inception date). The resulting discounted value of the net cash flow when compared with the undiscounted value yields the net investment income associated with the insurance transaction.

Page 5

Page 5 displays the timing of payments associated with the dwelling fire and extended coverages.

- Column (1) Premiums are received generally at the time due. The bulk are received within five days of the effective date, with advance payments judged to offset late payments. Additionally, there are a number of premium payment plans which allow for premium payments to be spread over the policy term. Premium flows associated with these plans are described on page 6.
- Column (2) Commission is generally paid on or near the policy effective date, at the end of the month in which the policy becomes effective. Therefore, 50% of the commission is assumed paid at day 0 and 50% at day 30.
- Column (3) Premium taxes are assumed to be paid quarterly, approximately 90 days after policies are effective.
- Column (4) Some general expenses, such as expenses associated with the processing of endorsements or expenses associated with statistical reporting to Bureaus, are paid during the policy term. A significant portion of general expenses are paid prior to a policy becoming effective. Examples are policy rating, marketing expenses and some underwriting expenses. It is assumed that, on the average, general expenses are paid at policy inception.
- Column (5) Reinsurance and projected Assessment expenses are assumed to be paid quarterly, beginning 90 days after policies are effective.
- Column (6) The expected timing of loss payments is based on an analysis of historical paid loss. The derivation of the loss payment pattern is shown on pages 7 and 8.
- Column (7) The expected timing of AE payments is consistent with the allocation assumption of a fixed ratio of AE expense to pure loss uniformly spread over all subsequent months and years.
- Column (8) Federal income taxes attributable to underwriting income are shown. Income taxes attributable to investment income are reflected in the discount factors in column (9) and discussed later. The provisions of the Tax Reform Act of 1986, including the Revenue Offset provision which taxes the change in the unearned premium reserve and the Reserve Discounting provision, are reflected in determining the expected timing of income tax payments. The calculations of the expected income tax payments are shown on page 9.

Explanatory Notes

Page 5 - CONTINUED

Column (9) Col. (8) = Col. (1) - Col.(2) - Col. (3) - Col. (4) - Col. (5)
- Col.(6) - Col.(7) - Col.(8)

Column (10) The discount factors reflect the after-tax investment income earned between the time the payments are made and the time premiums are earned (which is on the average the midpoint of the policy term or day 180). The investment rate of return used is determined by examining the latest new money rates available and the current investment strategy for cash inflows. Page 10 provides details on the after-tax rate chosen net of investment expenses.

Column (11) Col. (9) x Col. (10).

Column (12) Cumulative total of Column (10). Premium collected on the policy remains available for investment as long as the cumulative net cash flow is positive.

Column (13) Col. (9) x Col. (10) when Col. (12) > zero, Col. (8) otherwise.

Page 6

Page 6 displays the underlying statistics and derivation of the premium inflows used in Page 5. The top portion of the exhibit shows premium collection patterns for the four payment plans: checkless, monthly, budget, and full pay. The bottom portion of the exhibit shows the distribution by plan and derives the overall distribution by month.

The following assumptions are made in general regarding premium collection:

1. Premiums are billed upon due date.
2. Percentage of premiums booked under various billing programs follow distribution by policies in force. Average earned premium does not differ substantially between programs.
3. Book of business composed of 80% renewals, 20% new business. This affects only the monthly payment plan. In the first year, the policyholder is billed two months worth of premium in the first installment and in the fifth month (one month's worth of advance premium upon renewal). This is reflected in the 20% additional premium at 0 days, and 80% of one month's premium at -30 days.
4. The costs of the billing systems for the different payment plans are captured by appropriate finance charges.

Columns 1 through 4 assume a policy written for \$120.

Column 9 is the sum of Columns 5 through 8 and shows the distribution of overall premium over the entire policy term.

Explanatory Notes

Page 6 - CONTINUED

Column 10 shows the same distribution for a policy written for \$100. This is the distribution used in page 5.

Pages 7 and 8

Pages 7 and 8 display the underlying statistics and the derivation of the loss pay-out used in the exhibit. Paid loss development (including adjustment expense for liability sublines) for all coverages countrywide are displayed. Page 7 shows accident quarter development evaluated at quarterly intervals from 3 months through 24 months over the last four years, the age-to-age factors over the same period, and the selected loss development factors and cumulations. Page 8 shows accident quarter development evaluated at yearly intervals from 24 months to 120 months, the corresponding age-to-age factors, and the selected and cumulated loss development factors. The bottom of page 8 shows the derivation of the loss payout based on the above.

Column (2) shows the cumulative LDFs.

Column (3) shows the reciprocals of Column (2), and represents the cumulative payout of the accident quarter.

Column (4) shows the incremental change in Column (3).

Columns (5), (6), (7), and (8) represent one policy period of twelve months equal to 4 successive accident quarters.

Column (9) is the average of Columns (5) - (8) and is the final result. The quarterly pay-out for the first two years is spread uniformly to the days from policy inception date. For example, the first quarter pay-out is weighted one-sixth to 0 days, one-third to 30 days, one-third to 60 days, and one-sixth to 90 days, with similar distributions for the second through the fourth quarter pay-outs. The quarterly pay-outs for the second year are distributed one-half to the beginning of the interval and one-half to the end.

Page 9

Notes for this exhibit showing the timing of federal income tax on underwriting appear on the page itself.

Page 10

Notes for the above explaining the investment rate of return on policyholder funds appear on the page itself.

**SAFECO INSURANCE GROUP
DWELLING FIRE AND EXTENDED COVERAGES
ARKANSAS**

Discounted Cash Flow: Expected Investment Income from Policyholder Funds

Discounted cash flow analysis per \$100 of premium

PAYMENTS DURING THE FIRST YEAR													
Days from Inception	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
	Premium <u>Date</u> <u>Received</u>		Premium <u>Comm.</u> <u>Tax</u>	General <u>Expense</u>	Reins./ <u>Assess.</u> <u>Expense</u>	Paid <u>Loss</u>		Federal <u>Income</u> <u>Tax</u>	Total <u>Cash</u> <u>Flow</u>	Discount <u>Factor</u>	Discounted <u>Cash</u> <u>Flow</u>	Cumulative <u>Discounted</u> <u>Cash Flow</u>	Discounted <u>Cash Flow</u> <u>PH Funds</u>
-30	\$ 0.28								0.28	1.0038	0.28	0.28	0.28
0	80.20	8.60		8.49		0.97	0.16		61.98	1.0032	62.18	62.47	62.18
30	1.26	8.60				1.93	0.32		(9.60)	1.0027	(9.62)	52.85	(9.62)
60	1.26					1.93	0.32		(1.00)	1.0022	(1.00)	51.85	(1.00)
90	4.29		3.10		0.01	2.65	0.44	(1.48)	(0.42)	1.0016	(0.42)	51.42	(0.42)
120	1.26					3.36	0.56		(2.66)	1.0011	(2.67)	48.76	(2.67)
150	1.26					3.36	0.56		(2.66)	1.0005	(2.66)	46.10	(2.66)
180	1.26				0.01	3.57	0.59	1.58	(4.49)	1.0000	(4.49)	41.60	(4.49)
210	4.29					3.78	0.63		(0.12)	0.9995	(0.12)	41.48	(0.12)
240	1.26					3.78	0.63		(3.15)	0.9989	(3.15)	38.34	(3.15)
270	1.26				0.01	3.89	0.65	1.57	(4.87)	0.9984	(4.86)	33.48	(4.86)
300	1.26					4.01	0.67		(3.42)	0.9978	(3.41)	30.07	(3.41)
330	0.90					4.01	0.67		(3.77)	0.9973	(3.76)	26.31	(3.76)
360					0.01	5.32	0.88	1.56	(7.77)	0.9968	(7.74)	18.56	(7.74)
Year 1	\$100.00	17.20	3.10	8.49	0.03	42.54	7.06	3.24	18.34		18.56	18.56	18.56

PAYMENTS DURING THE SECOND YEAR

Day													
90						4.58	0.76	(0.03)	(5.32)	0.9952	(5.29)	13.27	(5.29)
180						2.00	0.33	(0.01)	(2.32)	0.9935	(2.30)	10.97	(2.30)
210						1.60	0.27	(0.01)	(1.85)	0.9930	(1.84)	9.13	(1.84)
360						0.87	0.14	(0.00)	(1.01)	0.9903	(1.00)	8.13	(1.00)
Year 2						9.05	1.50	(0.05)	(10.50)		(10.44)	8.13	(10.44)

PAYMENTS DURING SUBSEQUENT YEARS

Year													
3						0.97	0.16	(0.01)	(1.12)	0.9839	(1.11)	7.02	(1.11)
4						0.54	0.09	(0.00)	(0.62)	0.9776	(0.61)	6.41	(0.61)
5						0.16	0.03	(0.00)	(0.18)	0.9713	(0.18)	6.23	(0.18)
6						0.05	0.01	(0.00)	(0.05)	0.9650	(0.05)	6.18	(0.05)
7						(0.01)	(0.00)	0.00	0.01	0.9588	0.01	6.19	0.01
8						(0.00)	(0.00)	0.00	0.00	0.9526	0.00	6.20	0.00
9						-	-	-	-	0.9464	-	6.20	-
10						-	-	-	-	0.9403	-	6.20	-
Total	100.00	17.20	3.10	8.49		53.28	8.84	3.18	5.87		6.20	6.20	6.20

(13) Undiscounted cash flow (After-tax U/W profit) - Total col. (8)	5.87
(14) Discounted cash flow (After-tax operating return)- Total col. (12)	6.20
(15) Investment income from policyholder funds as a percent of premium ((14) - (13))/ 100	0.33%

SAFECO INSURANCE GROUP
DWELLING FIRE AND EXTENDED COVERAGES
ARKANSAS

Premium Inflows From Premium Pay Plan Distribution

Days from <u>Inception</u>	(1) Checkless <u>Pay Plan</u>	(2) Monthly <u>Pay Plan</u>	(3) Budget <u>Pay Plan</u>	(4) Full <u>Payment</u>
-30	-	8.00	-	-
0	10.00	12.00	40.00	120.00
30	10.00	10.00	-	-
60	10.00	10.00	-	-
90	10.00	10.00	40.00	-
120	10.00	10.00	-	-
150	10.00	10.00	-	-
180	10.00	10.00	-	-
210	10.00	10.00	40.00	-
240	10.00	10.00	-	-
270	10.00	10.00	-	-
300	10.00	10.00	-	-
330	10.00	-	-	-
Premium from policy:	\$120.00	\$120.00	\$120.00	\$120.00

Weighted for pay plan distribution:

Days from <u>Inception</u>	(5) Checkless <u>Pay Plan</u>	(6) Monthly <u>Pay Plan</u>	(7) Budget <u>Pay Plan</u>	(8) Full <u>Payment</u>	(9) All <u>Plans</u>	(10) (9) x <u>\$100/120</u>
-30	-	0.34	-	-	0.34	0.28
0	1.08	0.51	3.64	91.01	96.24	80.20
30	1.08	0.42	-	-	1.51	1.26
60	1.08	0.42	-	-	1.51	1.26
90	1.08	0.42	3.64	-	5.15	4.29
120	1.08	0.42	-	-	1.51	1.26
150	1.08	0.42	-	-	1.51	1.26
180	1.08	0.42	-	-	1.51	1.26
210	1.08	0.42	3.64	-	5.15	4.29
240	1.08	0.42	-	-	1.51	1.26
270	1.08	0.42	-	-	1.51	1.26
300	1.08	0.42	-	-	1.51	1.26
330	1.08	-	-	-	1.08	0.90
	\$ 12.98	\$ 5.09	\$ 10.92	\$ 91.01	\$ 120.00	\$ 100.00

See page 3 of explanatory notes for assumptions used in the above analysis.

SAFECO INSURANCE GROUP
DWELLING FIRE AND EXTENDED COVERAGES
ARKANSAS
Loss Payment Pattern

ACC. QT.	PAID LOSS MONTHS OF DEVELOPMENT								
	<u>ENDING</u>	<u>3</u>	<u>6</u>	<u>9</u>	<u>12</u>	<u>15</u>	<u>18</u>	<u>21</u>	<u>24</u>
Mar-2006		4,485	7,492	8,163	8,552	8,820	8,911	9,068	9,139
Jun-2006		5,515	9,197	11,024	11,762	12,189	12,573	12,718	12,785
Sep-2006		5,883	8,606	9,588	10,132	10,544	10,622	10,673	10,720
Dec-2006		4,967	10,862	12,287	12,862	13,628	13,849	14,454	15,384
Mar-2007		7,833	11,810	12,942	13,809	14,079	14,253	14,525	14,567
Jun-2007		7,306	12,132	13,755	14,333	14,570	14,705	14,883	15,011
Sep-2007		7,847	13,184	14,729	15,617	16,070	16,510	16,564	16,602
Dec-2007		8,770	15,881	17,697	18,788	19,397	19,497	19,698	20,039
Mar-2008		10,644	17,012	18,525	19,409	20,006	20,209	20,507	20,581
Jun-2008		10,425	17,020	19,377	20,762	21,399	21,806	21,934	
Sep-2008		12,376	21,039	23,115	24,678	25,162	25,706		
Dec-2008		8,845	19,128	21,179	22,491	23,564			
Mar-2009		12,204	20,436	23,587	25,388				
Jun-2009		9,021	17,240	20,579					
Sep-2009		13,677	20,648						
Dec-2009		9,836							

ACC. QT.	AGE-TO-AGE FACTORS						
<u>ENDING</u>	<u>3-6</u>	<u>6-9</u>	<u>9-12</u>	<u>12-15</u>	<u>15-18</u>	<u>18-21</u>	<u>21-24</u>
Mar-2006	1.670	1.090	1.048	1.031	1.010	1.018	1.008
Jun-2006	1.668	1.199	1.067	1.036	1.032	1.011	1.005
Sep-2006	1.463	1.114	1.057	1.041	1.007	1.005	1.004
Dec-2006	2.187	1.131	1.047	1.060	1.016	1.044	1.064
Mar-2007	1.508	1.096	1.067	1.020	1.012	1.019	1.003
Jun-2007	1.661	1.134	1.042	1.017	1.009	1.012	1.009
Sep-2007	1.680	1.117	1.060	1.029	1.027	1.003	1.002
Dec-2007	1.811	1.114	1.062	1.032	1.005	1.010	1.017
Mar-2008	1.598	1.089	1.048	1.031	1.010	1.015	1.004
Jun-2008	1.633	1.138	1.071	1.031	1.019	1.006	
Sep-2008	1.700	1.099	1.068	1.020	1.022		
Dec-2008	2.163	1.107	1.062	1.048			
Mar-2009	1.674	1.154	1.076				
Jun-2009	1.911	1.194					
Sep-2009	1.510						

	DEVELOPMENT PERIOD							
	3-6	6-9	9-12	12-15	15-18	18-21	21-24	24-36
SIMPLE AVERAGE	1.7224	1.1268	1.0595	1.0328	1.0155	1.0143	1.0130	
5 QT VOLUME-WTD.AVG	1.7549	1.1368	1.0656	1.0320	1.0166	1.0093	1.0072	
10-PT EXCLUDING HI-LO	1.7085	1.1200	1.0605	1.0313	1.0154	1.0120	1.0071	
SELECTED	1.7400	1.1245	1.0610	1.0325	1.0165	1.0130	1.0142	1.0215
CUMULATIVE PAID	2.2998	1.3217	1.1754	1.1078	1.0729	1.0555	1.0420	1.0274
CUMULATIVE % PAID	43.48%	75.66%	85.08%	90.27%	93.21%	94.74%	95.97%	97.33%
INCREMENTAL % PAID	43.48%	32.18%	9.42%	5.19%	2.94%	1.54%	1.23%	1.36%

SAFECO INSURANCE GROUP
DWELLING FIRE AND EXTENDED COVERAGES
ARKANSAS
Loss Payment Pattern

ACC. QT.	MONTHS OF DEVELOPMENT							
<u>ENDING</u>	<u>24</u>	<u>36</u>	<u>48</u>	<u>60</u>	<u>72</u>	<u>84</u>	<u>96</u>	<u>108</u>
Mar-2000	14,085	14,215	14,438	14,436	14,437	14,437	14,438	14,437
Mar-2001	14,751	14,994	15,011	15,050	15,050	15,051	15,052	15,052
Mar-2002	12,179	12,261	12,265	12,263	12,261	12,247	12,245	
Mar-2003	9,199	9,316	9,400	9,470	9,462	9,466		
Mar-2004	9,275	9,423	9,454	9,464	9,465			
Mar-2005	8,837	9,145	9,186	9,186				
Mar-2006	9,139	9,260	9,279					
Mar-2007	14,567	14,871						
Mar-2008	20,581							

ACC. QT.	AGE-TO-AGE FACTORS							
ENDING	24-36	36-48	48-60	60-72	72-84	84-96	96-108	108-ULT
Mar-2000	1.009	1.016	1.000	1.000	1.000	1.000	1.000	
Mar-2001	1.016	1.001	1.003	1.000	1.000	1.000	1.000	
Mar-2002	1.007	1.000	1.000	1.000	0.999	1.000		
Mar-2003	1.013	1.009	1.007	0.999	1.000			
Mar-2004	1.016	1.003	1.001	1.000				
Mar-2005	1.035	1.004	1.000					
Mar-2006	1.013	1.002						
Mar-2007	1.021							

	24-36	36-48	48-60	60-72	72-84	84-96	96-108	108-ULT
SIMPLE AVERAGE	1.0162	1.0051	1.0018	0.9998	0.9998	1.0000	1.0000	
5-QTR WEIGHTED AVG	1.0195	1.0036	1.0021	0.9999	1.0000			
3-QTR SIMPLE AVERAGE	1.0230	1.0032	1.0029	0.9997	0.9997	1.0000		
SELECTED	1.0215	1.0036	1.0026	0.9998	0.9998	1.0000	1.0000	1.0000
CUMULATIVE PAID	1.0274	1.0058	1.0022	0.9996	0.9998	1.0000	1.0000	1.0000
CUMULATIVE % PAID	97.33%	99.42%	99.78%	100.04%	100.02%	100.00%	100.00%	100.00%
INCREMENTAL % PAID	1.36%	2.09%	0.36%	0.26%	-0.02%	-0.02%	0.00%	0.00%

PAID LOSS PAYMENT PATTERN

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
MOS.	Cum'l	Cum'l %	Increment	1ST	2ND	3RD	4TH	
OF	Paid	Paid Loss	% of	ACC.	ACC.	ACC.	ACC.	POL.
DEV.	LDF	1 / (2)	Paid Loss	QTR.	QTR.	QTR.	QTR.	TERM
3	2.2998	43.48%	43.48%	43.48%	0.00%	0.00%	0.00%	10.87%
6	1.3217	75.66%	32.18%	32.18%	43.48%	0.00%	0.00%	18.92%
9	1.1754	85.08%	9.42%	9.42%	32.18%	43.48%	0.00%	21.27%
12	1.1078	90.27%	5.19%	5.19%	9.42%	32.18%	43.48%	22.57%
15	1.0729	93.21%	2.94%	2.94%	5.19%	9.42%	32.18%	12.43%
18	1.0555	94.74%	1.54%	1.54%	2.94%	5.19%	9.42%	4.77%
21	1.0420	95.97%	1.23%	1.23%	1.54%	2.94%	5.19%	2.72%
24	1.0274	97.33%	1.36%	1.36%	2.25%	3.44%	6.04%	3.27%
36	1.0058	99.42%	2.09%	2.09%	1.91%	1.73%	1.54%	1.82%
48	1.0022	99.78%	0.36%	0.36%	0.79%	1.23%	1.66%	1.01%
60	0.9996	100.04%	0.26%	0.26%	0.28%	0.31%	0.33%	0.30%
72	0.9998	100.02%	-0.02%	-0.02%	0.05%	0.12%	0.19%	0.08%
84	1.0000	100.00%	-0.02%	-0.02%	-0.02%	-0.02%	-0.02%	-0.02%
96	1.0000	100.00%	0.00%	0.00%	-0.01%	-0.01%	-0.02%	-0.01%
108	1.0000	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
120	1.0000	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
				0.00%	0.00%	0.00%	0.00%	0.00%
				100.00%	100.00%	100.00%	100.00%	100.00%

SAFECO INSURANCE GROUP
DWELLING FIRE AND EXTENDED COVERAGES
ARKANSAS

Timing of Federal Income Tax on Underwriting Income

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	Cum'l Written Premium	Cum'l Earned Premium	Ending UEP Reserve	Cum'l Incurred Expense	Cum'l Incurred Loss + AE	Incremental Paid Loss + AE	Cum'l Paid Loss + AE	Cum'l Loss + AE Reserve	IRS Reserve Discount Factor	Discounted Loss + AE Reserve	Cum'l U/W (IRS) Income	Incremental U/W (IRS) Income	20% of Change in UEP Reserve	Total Fed'l Income Tax on U/W Income
<u>Quarter</u>	<u>Premium</u>	<u>Premium</u>	<u>Reserve</u>	<u>Expense</u>	<u>Loss + AE</u>	<u>Loss + AE</u>	<u>Loss + AE</u>	<u>Reserve</u>						
0	100.00													
1	100.00	25.00	75.00	28.79	15.53	8.71	8.71	6.82	0.9864	6.73	-19.23	-19.23	15.00	-1.48
2	100.00	50.00	50.00	28.79	31.06	12.00	20.71	10.36	0.9864	10.22	-9.71	9.52	-5.00	1.58
3	100.00	75.00	25.00	28.79	46.60	13.35	34.06	12.54	0.9864	12.37	-0.22	9.50	-5.00	1.57
4	100.00	100.00	0.00	28.79	62.13	15.55	49.60	12.53	0.9864	12.36	9.25	9.47	-5.00	1.56
5	100.00	100.00	0.00	28.79	62.13	5.34	54.94	7.18	0.9864	7.09	9.18	-0.07	0.00	-0.03
6	100.00	100.00	0.00	28.79	62.13	2.33	57.27	4.86	0.9864	4.79	9.15	-0.03	0.00	-0.01
7	100.00	100.00	0.00	28.79	62.13	1.86	59.13	2.99	0.9864	2.95	9.12	-0.03	0.00	-0.01
8	100.00	100.00	0.00	28.79	62.13	1.02	60.15	1.98	0.9864	1.95	9.11	-0.01	0.00	0.00
<u>Year</u>														
3	100.00	100.00	0.00	28.79	62.13	1.13	61.28	0.85	0.9864	0.83	9.09	-0.02	0.00	-0.01
4	100.00	100.00	0.00	28.79	62.13	0.63	61.91	0.22	0.9864	0.22	9.09	-0.01	0.00	0.00
5	100.00	100.00	0.00	28.79	62.13	0.18	62.09	0.04	0.9864	0.04	9.08	0.00	0.00	0.00
6	100.00	100.00	0.00	28.79	62.13	0.05	62.14	-0.02	0.9864	-0.02	9.08	0.00	0.00	0.00
7	100.00	100.00	0.00	28.79	62.13	-0.01	62.13	0.00	0.9864	0.00	9.08	0.00	0.00	0.00
8	100.00	100.00	0.00	28.79	62.13	0.00	62.13	0.00	0.9864	0.00	9.08	0.00	0.00	0.00
9	100.00	100.00	0.00	28.79	62.13	0.00	62.13	0.00	0.9864	0.00	9.08	0.00	0.00	0.00
10	100.00	100.00	0.00	28.79	62.13	<u>0.00</u>	<u>62.13</u>	0.00	0.9864	0.00	9.08	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL						62.13	62.13					0.00	0.00	3.18

Col. Notes :

- | | |
|--|---|
| (1) Premium is booked at policy inception. | (8) Col. (5) - Col. (7) |
| (2) Premium is earned pro rata over policy term. | (9) IRS loss reserve discount factor. |
| (3) Col. (1) - Col.(2) | (10) Col. (8) X Col. (9) |
| (4) Commission and premium tax are incurred when premium is booked. General expense is incurred as paid. | (11) Col. (2) - Col. (4) - Col. (7) - Col. (10) |
| (5) Loss and AE are incurred pro rata over policy term. | (12) Change in Col. (11). |
| (6) Based on loss payment pattern, see pages 5, 7, and 8. | (13) 20% of change in Col. (3) |
| (7) Col. (6) accumulated. | (14) 35% X (Col. (12) + Col. (13)) |

SAFECO INSURANCE GROUP
DWELLING FIRE AND EXTENDED COVERAGES
ARKANSAS
Expected Investment Income from Policyholders' Funds

The investment rate of return used in this analysis reflects the risk-free investment income earned from the investment of premiums written during the period that the proposed rates will be in effect. Displayed below are the auction average yields on 3-month and 1-year U.S. T-bills and average yields using constant maturities on U.S. Treasury Notes and Bonds:

<u>Quarter</u>	U.S. T-bills		U.S. Treasury Bonds (and Treasury Notes)			
	<u>3 Month</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>5 Year</u>	<u>10 Year</u>
Jun-09	0.17%	0.52%	1.01%	1.49%	2.23%	3.31%
Sep-09	0.16%	0.45%	1.03%	1.56%	2.47%	3.52%
Dec-09	0.06%	0.35%	0.87%	1.39%	2.30%	3.50%
<u>Mar-10</u>	<u>0.11%</u>	<u>0.37%</u>	<u>0.92%</u>	<u>1.47%</u>	<u>2.42%</u>	<u>3.72%</u>
4 Qtr. Avg.	0.12%	0.42%	0.96%	1.48%	2.36%	3.51%

SOURCE: Federal Reserve Statistical Release H.15, released weekly, Selected Interest Rates.

Note: If data for 1-Year T-Bills is unavailable, the discount rate for 1-Year T-Bonds is used

The greater of 1% or the average yield of the last four quarters on a 1-year T-Bill is used in the discounted cash flow analysis.

After-tax rate of return on investment income equals:

$$1\% \times (1 - 0.35) \% = 0.65\%$$

where 35% = tax rate on 1-year T-bills

Safeco Insurance Companies
Dwelling Fire Program

Rate Level Indications
Fire Coverage
ARKANSAS

Accident Year Ending (1)	Earned Premium (2)	Earned Premium At The Current Rate Level (3)	Premium Trend (4)	Earned Premium at Current Rate Level (incl. Premium Trend) (5) = (3) X (4)	Leveled Losses (6)	Loss Cost Trend (7)	Projected Leveled Losses (8) = (6) X (7)	Projected Leveled Loss Ratio (9) = (8) / (5) X 100
03/2006	488,821	675,863	1.397	944,366	439,203	1.600	702,785	74.4%
03/2007	722,347	986,255	1.346	1,327,633	471,581	1.465	691,021	52.0%
03/2008	1,028,089	1,337,360	1.258	1,682,845	439,822	1.342	590,186	35.1%
03/2009	1,319,999	1,578,971	1.062	1,677,415	1,308,000	1.229	1,607,301	95.8%
03/2010	1,492,478	1,625,337	1.021	1,658,863	793,227	1.125	892,615	53.8%

(10) Weighted Projected Loss Ratio	62.4%
(11) Credibility Weighted Loss Ratio = {(10)*(17) + (18)*[1-(17)]}	57.5%
(12) Projected AE Ratio To Losses Exhibit 2, Line 6B	16.6%
(13) Projected Fixed Expense Ratio Exhibit 2, Line 3C	6.3%
(14) Projected Variable Expense Ratio Exhibit 2, Line 2D	22.6%
(15) Underwriting Profit Provision Exhibit 2, Line 4	9.1%
(16) Target Loss Ratio = Expected Loss & AE Ratio / AE Load Factor = [1 - (13) - (14) - (15)] / [1 + (12)]	53.3%
(17) Credibility Of Experience Period	20.1%
(18) Trended Permissible Loss Ratio	56.3%
(19) Indicated Rate Level Change = {(11)*[1+(12)] + (13)} / [1-(14)-(15)] - 1	7.3%

Rate Level Indications
Extended Coverage
ARKANSAS

[illegible]

<i>SERFF Tracking Number:</i>	<i>LBRM-126650889</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Safeco Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>2010-AR-CDF-R-37-ABC</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Dwelling Fire</i>		
<i>Project Name/Number:</i>	<i>Dwelling Fire/2010-AR-CDF-R-37-ABC</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/27/2010	Supporting Document	HPCS-Homeowners Premium Comparison Survey	08/31/2010	_Stat 7 - Premium Comparison.pdf
08/19/2010	Supporting Document	Support Exhibits	08/31/2010	_Stat 1 - Transmittal.pdf _Stat 2 - Filing Schedule.pdf Exh 2 - Fire EC Expense Multipliers 2010Q1.pdf Exh 3 - ROE.pdf Exh 4 - Investment Income.pdf Exh E - EC Indication Summary.pdf (Superseded) Exh F - Fire Indication Summary.pdf

Safeco Insurance Companies
Dwelling Fire Program

Rate Level Indications
Extended Coverage
ARKANSAS

Accident Year Ending (1)	Earned Premium (2)	Earned Premium At The Current Rate Level (3)	Premium Trend (4)	Earned Premium at Current Rate Level (incl. Premium Trend) (5) = (3) X (4)	Leveled Losses (6)	Loss Cost Trend (7)	Projected Leveled Losses (8) = (6) X (7)	Projected Leveled Loss Ratio (9) = (8) / (5) X 100
03/2006	303,771	387,104	1.473	570,155	202,619	1.970	399,117	70.0%
03/2007	453,478	578,045	1.387	801,549	352,048	1.737	611,517	76.3%
03/2008	618,782	792,048	1.283	1,016,006	415,528	1.532	636,495	62.6%
03/2009	753,220	943,169	1.074	1,012,728	440,034	1.351	594,384	58.7%
03/2010	816,849	978,342	1.024	1,001,527	481,342	1.191	573,353	57.2%

(10) Weighted Projected Loss Ratio	62.8%
(11) Projected Hurricane Loss Ratio	0.4%
(12) Credibility Weighted Loss Ratio = {(10)*(18) + [(19)-(11)]*[1-(18)]} + (11)	60.6%
(13) Projected AE Ratio To Losses Exhibit 2, Line 6B	16.6%
(14) Projected Fixed Expense Ratio Exhibit 2, Line 3C	6.3%
(15) Projected Variable Expense Ratio Exhibit 2, Line 2D	22.6%
(16) Underwriting Profit Provision Exhibit 2, Line 4	9.1%
(17) Target Loss Ratio = Expected Loss & AE Ratio / AE Load Factor = [1 - (14) - (15) - (16)] / [1 + (13)]	53.3%
(18) Credibility Of Experience Period	24.7%
(19) Trended Permissible Loss Ratio	59.7%
(20) Indicated Rate Level Change = {(12)*[1+(13)] + (14)} / [1-(15)-(16)] - 1	12.5%